

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

218

458

## 1. PLACE OF BIRTH

County GilaState Arizona

District or Township

or Village

City MiamiNo. 733Line out St.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

If child is not yet named, make  
supplemental report, as directed.

## 2. Full name of child

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

of birth

Month

Day

Year

female

5. No., in order of birth

July 25 1930

8.

Full name

Victor ~~Sanchez~~  
Encervis ~~Ulloa~~? 21 yrs  
19 yrs.

14.

MOTHER

Full maiden name

Salome Zapien

9. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 21 (Years)

16. Color or race

Mexican

17. Age at last birthday 19 (Years)

12. Birthplace (city or place)

(State or country)

(Victor Sanchez) California  
(Encervis Ulloa) Miami  
Arizona

18. Birthplace (city or place)

(State or country)

Mex Co

13. Occupation

Nature of Industry

Bath miners  
Copper

19. Occupation

Nature of Industry

no occupation

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living 0

(b) Born alive but now dead 0

(c) Stillborn 1

21. Were precautions taken against oph-  
thalmia neonatorum?

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

stillborn

(Born ~~alive~~ or stillborn)

at 9:30 P

m on the date above stated.

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Signature

J. J. Miller

(Physician or midwife)

Given name added from  
a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

Aug 5, 1930

Registrar.

Registrar.

P. E. Dwyer

each in order of birth stated.

095 - 725 - 295